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Health Coach Lifestyle and Wellness Certificate

Module 1 & 2

2021

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Tania Xerri, Director, Health Leadership and Learning Network

A Leader in Health Continuing Professional Education

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Canada



Lifestyle and Wellness Coaching Certificate Program

Leigh Caplan RN, BSc, MA, CDE

Module 1

Day 1

1



WELCOME

2



Exercise 1-Introductions

Breakout rooms - 2 people per room

Please spend time getting to know each other

- name, professional background, current role and organization they work with
- What is your partner's interest in health coaching?
- What are you curious to know about each other?
- Timing – you will have 7 minutes to do this exercise. When you come back be prepared to tell us about your partner

3



Debrief:



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Lifestyle & Wellness Health Coaching Faculty

Leigh Caplan RN, BSc, MA, CDE – Sunnybrook
Academic Family Health Team

Andrea Glenn MSc, RD, CDE, PhD(c)

Erika Howe MSc R, Kin, CDE

Emma Gardiner

Tania Xerri

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Module 1 Objectives

- Understand the health implications of chronic disease
- Define the concepts of health and wellness in guiding coaching
- Discuss the role of health coach
- Explore the health coach's scope of practice

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International Perspective of Chronic Disease

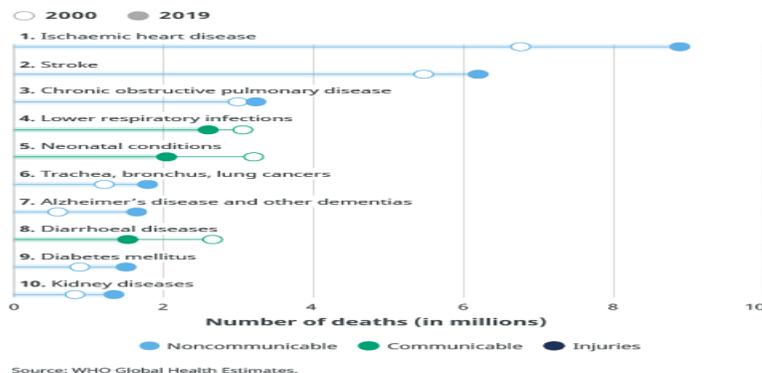
- Lasting 1 or more years and requiring medical attention or limited activities of daily living of both. (C.D.C.)
- By 2020 W.H.O. predicted that 2/3 of all diseases world wide will be the result of lifestyle choices (Chopra et al, 2002)
- 10 -19 chronic diseases worldwide depending of the data source (Bernell et al , Front Public Health 2016)

7



World Health Organization

Leading causes of death globally



8



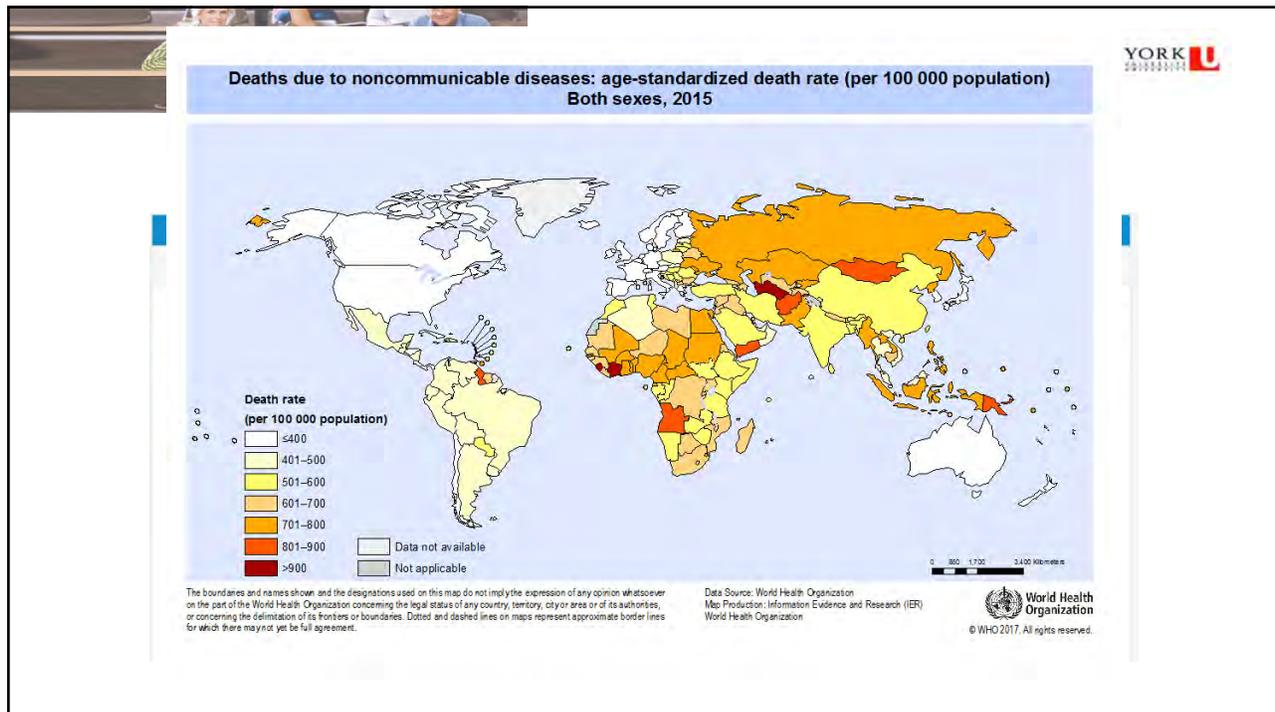
World Health Organizations reports

- 71% of all deaths are caused by noncommunicable diseases (NCDs)
- 15 million people (ages 30 -69) die yearly from a NCD

Top 4 NCD:

- Cardiovascular diseases (17.9 million)
- Cancers (9.0 million),
- Respiratory diseases (3.9million),
- Diabetes (1.6 million).
- These 4 groups of diseases account for over 80% of all premature NCD deaths.

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International Diabetes Federation 2020



Diabetes is one of the
**fastest growing health
challenges** of the 21st
century

463 million people have diabetes
worldwide

By 2045 projected to rise **700
million** people will have diabetes

3 new cases per second



<https://www.diabetesatlas.org/en/>

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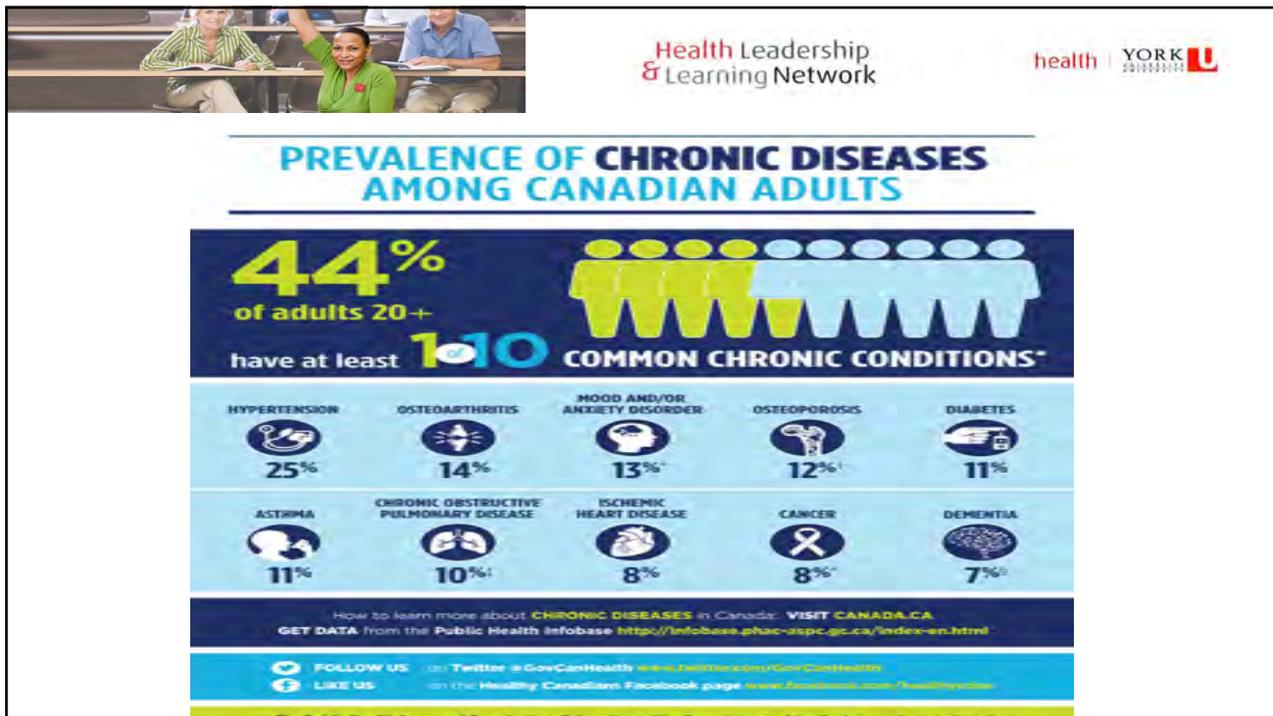


Canadian Perspective of Chronic Disease

- 1 in 3 Canadian adults live with 1 chronic Diseases (CVD, cancer, diabetes, mood and/ or anxiety disorders)
- Chronic diseases increase due to aging and growth of the population

At-A-Glance How Healthy Are Canadians?
(2018) Public Health Agency of Canada

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Modifiable Risk Behaviours in Canada

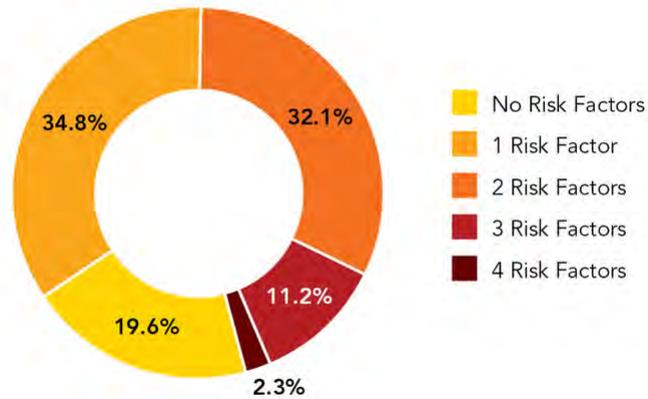
- Smoking (17.9%)
- Inactivity (77.8 % of adults and 90.7 % children)
- Unhealthy eating (60.7 %) highest in adults 50 -64 years old
- Harmful use of alcohol – 1/6 adults 15 years + exceed the low risk drinking guidelines

Canadian Community Health Survey 2014

14



Canadian's With 0-4 Modifiable Risk Factors



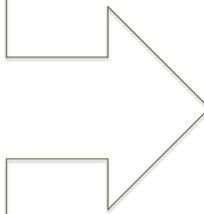
Canadian Community Health Survey 2014

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SOCIAL DETERMINANTS OF HEALTH

- Income
- Education
- Unemployment and job security
- Employment and working conditions
- Early childhood development
- Food insecurity
- Housing
- Social exclusion
- Social safety network
- Health services
- Aboriginal status
- Gender
- Race
- Disability



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Breakout Exercise #1

- What needs to be included in your definition of health as a health coach?
- How will knowing about the prevalence, the modifiable risks factors and consequences of chronic disease help you as a health coach?
- How can you use this knowledge to motivate your clients to make behaviour change?
- What approaches have worked?
- What challenges have you encountered?

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Breakout Exercise #1 process:

- You will be in groups of 4-5 individuals
- Please use the handout for breakout exercise #1 and answer the questions
- Choose a presenter for you group
- Timing
 - You will have 20 minutes to discuss

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Case study

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Case Example: Hannah

Treatment Setting:

- Physician's office

Client Characteristics:

- 41-yr old female
- Married: 3 children (8, 11 and 15 years old)
- Employment: pharmaceutical Drug rep.
- BMI = 31. kg/m²
- Smoking history (1/2 pack/day x 3 years)
- Presenting problem: Smoking cessation, but concerned about weight gain
- Smoked prior to her pregnancy but restarted related to stress. Did try to quit using NRT but lonely lasted 3 months 2 years ago and gained weight.

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Path 1 – Hannah’s Experience

Hannah is booked for an appointment with her doctor to discuss quitting smoking again. Hannah did try to quit 2 years ago. Last time they discussed this behaviour change her doctor prescribed nicotine replacement therapy. The NRT worked for about 3 months in helping with the craving but Hannah got discouraged since she gain 8-10 pounds . She started smoking again to avoid anymore weight gain. About 6 months thought she should go back to discuss quitting again but felt anxious since she had failed. She did consider cancelling this appointment but her husband encouraged to go and see if there were any other options that would not cause weight gain. She not sure it is going to be a good discussion.

At her appointment , her doctor asked if she had maintained her smoking abstinence since her last visit. Hannah broke off eye contact and replied, ‘Nope I am still smoking’ When her doctor asked why, she explained that she returned to smoking because of weight gain concerns. Her doctor replied by stating the benefits of not smoking are more important for her overall health than carrying some extra weight. Her doctor explained that stopping smoking can be hard, but that she should give another try using the NRT. Her doctor got up had his hand on the door knob and provided her with another prescription for nicotine replacement therapy, since “... the evidence shows that people who use NRT are more likely to quit compared to people who don’t use NRT.”

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Breakout Exercise #2

Path 1

- What struck you about the interaction between Hannah and her doctor?
- How do you think she felt after this interaction?
- How receptive to you think Hannah is to taking advice from her doctor?
- Who has the power in this relationship?
- Who was driving the agenda?

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Path 2 – Hannah’s Experience

Hannah is booked for an appointment with her doctor to discuss quitting smoking again since the last time she tried 2 years ago. Last time they discussed this behaviour change her doctor prescribed nicotine replacement therapy. The NRT worked for about 3 months in helping with the craving but Hannah got discouraged since she gain 8-10 pounds . She started smoking again to avoid anymore weight gain.. About 6 months thought she should go back to discuss quitting again but felt anxious since she had failed. She did consider cancelling this appointment but her husband encouraged to go and see if there were any other options that would not cause weight gain. She not sure it is going to be a good discussion.

During her doctor’s appointment, her doctor asked if she had maintained her smoking abstinence since her last visit. Hannah broke off eye contact and replied, ‘Nope I am still smoking’ When her doctor asked why, she explained that she returned to smoking because of weight gain concerns. In response, her doctor stated “ Many people who tried to quit smoking find it hard and some struggle with weight gain Also I hear you say you were able to quit for 3 months..” “ I am wondering what did help you not smoke for those 3 months.” Hannah’s doctor then asked if she wanted to give smoking cessation another try if they worked together and looked at options around quitting smoking and how to manage weight gain issues.

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Breakout Exercise #3

Path 2

- What struck you about the interaction between Hannah and her doctor?
- How do you think she felt after this interaction?
- How receptive to you think Hannah is to taking advice from her doctor?
- Who has the power in this relationship?
- Who was driving the agenda?

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Debrief:



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Systemic Review of Literature on Health & Wellness Coaching

- Who provided the health coaching intervention in this study?
- What was the health coach's responsible?
- What was the setting for the health coaching intervention?
- How often did the health coaches meet with their clients?
- How were the health coaching interventions implemented?

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Breakout Exercise #4

- Breakout groups will be 4-5 individuals
- Please use the Breakout exercise 4 handout
- Please pick a presenter to discuss groups thoughts

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Debrief:



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Role of The Health & Wellness Coach

- Partner with individuals in a client centered process to facilitate, support and empower the individuals to develop and achieve self determined goals.
- Display an unconditional positive regard for their clients and a belief in their capacity for change, honoring the fact that each client is an expert on their own life, while ensuring that all interactions are respectful and non-judgmental.

National Board for Health & Wellness Coaching, 2020

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What is The Scope of Practice

- It is the process and the rules that health coaches need to follow when doing anything related to coaching
- This is important because we need to act in a way that does not harm our clients

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What Health Coaches **cannot** do

- Diagnose conditions
- Prescribe treatment
- Interpret medical results
- Write food plans nor recommend supplements
- Provide psychological therapeutic interventions

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National Board of Health & Wellness Coaching 2020

Initial visit:

- Establishing rapport
- Exploring the clients understanding of current state of health and wellness

Competencies:

- Have client assess current state of health/wellbeing
- Explore the client's vision of his/her optimal health/wellbeing
- Identify gaps between current state and client's desired lifestyle/outcomes
- Explore and clarify client preference for priority areas of focus
- Explore short (between visits) and long term (lead to desired outcomes)goals

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Personal Reflection



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Consider times you sought help related to your health...

...where you felt safe	...where you felt unsafe

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In Summary

- Health risk behaviours and associated chronic diseases are alarmingly prevalent in Canada
- Traditional approaches have been largely ineffective and insufficient to meet the rising demand
- “Health coaching” is an emerging approach

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Self Directed Learning

- Please complete Motivational analysis quiz
- Stages of change pre recorded lecture

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Lifestyle & Wellness Health Coaching Certificate Module 1 Day 2

Leigh Caplan RN BSc, MA, CDE

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2



Motivational Interviewing: Enhancing Your Skills to Help Your Clients

3



Introductions

- What reflection do you have from session 1?
- Past experience with MI
- One word to describe how you are feeling today

4



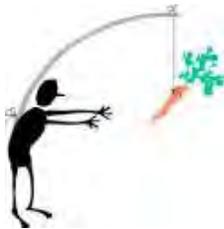
Learning Objectives:

- Recognize characteristics of motivation
- Practice assessing a person's readiness for change using the stages of change
- Discuss expressing the Spirit of Motivational Interviewing
- Describe the core skills of Motivational Interviewing
- Practice motivational interviewing core skills

5



Motivation Styles



6



Motivational Analysis Key

1. <input type="checkbox"/> a. achievement <input type="checkbox"/> b. power/influence <input type="checkbox"/> c. affiliation	6. <input type="checkbox"/> a. power/influence <input type="checkbox"/> b. achievement <input type="checkbox"/> c. affiliation
2. <input type="checkbox"/> a. affiliation <input type="checkbox"/> b. power/influence <input type="checkbox"/> c. achievement	7. <input type="checkbox"/> a. affiliation <input type="checkbox"/> b. achievement <input type="checkbox"/> c. power/influence
3. <input type="checkbox"/> a. power/influence <input type="checkbox"/> b. affiliation <input type="checkbox"/> c. achievement	8. <input type="checkbox"/> a. achievement <input type="checkbox"/> b. affiliation <input type="checkbox"/> c. power/influence
4. <input type="checkbox"/> a. achievement <input type="checkbox"/> b. power/influence <input type="checkbox"/> c. affiliation	9. <input type="checkbox"/> a. affiliation <input type="checkbox"/> b. power/influence <input type="checkbox"/> c. achievement
5. <input type="checkbox"/> a. power/influence <input type="checkbox"/> b. achievement <input type="checkbox"/> c. affiliation	10. <input type="checkbox"/> a. achievement <input type="checkbox"/> b. power/influence <input type="checkbox"/> c. affiliation

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Breakout Exercise #1



- You are in a group with others who have similar ideas around what motivates them
- Please come up with 3-4 points to describe what motivates your group
- Please choose a presenter
- Timing 15 minutes in your small groups

8



Debrief



- Each group presenter will tell the whole group what motivates your smaller group
- Thoughts about doing this activity and how it may help you understand your client's motivation

9



What options do we have to help someone to change?



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Case Study - Hannah

- 41 year old
- Married
- 3 children (11, 15 and 18 years old)
- Works Pharmaceutical Sales Rep.
- Smokes ½ pack/day
- BMI 31 kg/m²
- Hannah spoke with her physician saying she was thinking about becoming healthier
- Family physician referred her to speak with you

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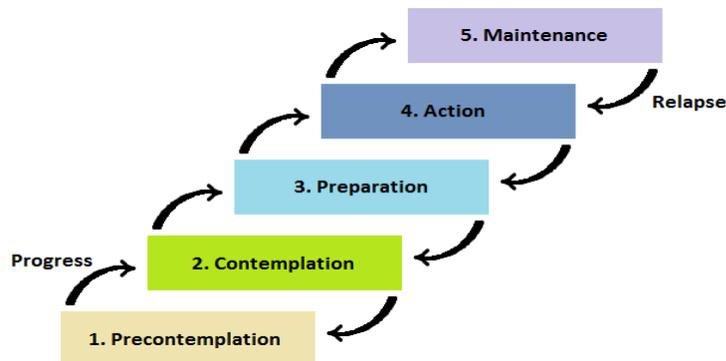
Breakout Exercise #2

1. What could be making it challenging for Hannah to manage her health?
2. When thinking about your first visit with Hannah, what stage of change is she at?
3. How motivated do you think Hannah is in making healthy changes?
4. How would you work with Hannah to help her make a behaviour change?

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Transtheoretical Model (TTM): Stages of Change



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Stages of Change



- Pre contemplation – not considering change in the near future
- Contemplation – ambivalent about change
- Preparation – planning to take action in near future
- Action – individual is modifying their behaviour
- Maintenance – individual works to prevent relapse
- Relapse – resumes old behaviours

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Stages:

- Precontemplation I won't.....
- Contemplation I might but.....
- Preparation I will.....
- Action I am.....
- Maintenance I have been.....

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Process of Change	Intervention
Consciousness Raising	observations, feedback, education, confrontation, bibliotherapy
Counterconditioning	relaxation techniques, fat free foods, positive self statements
Emotional Arousal	roleplaying, personal testimonies, media campaigns,
Environmental Re-evaluation	empathy training, documentaries
Helping Relationships	rapport building, buddy system

Transtheoretical Model: Processes of Change , University of Rhode Island . web.uri.edu

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Processes of Change	Intervention
Reinforcement Management	positive self statements, reinforcements
Self liberation	New Years resolutions, public testimonies
Self Re-evaluation	imagery, healthy role models
Social Liberation	healthy food vending machines, smoke free zones
Stimulus Control	avoid triggers, alternative behaviour restructuring

Transtheoretical Model: Processes of Change, University of Rhode Island, web.uri.edu

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Breakout Exercise #3

- In groups of 4 you will be responsible for reviewing one of the four case studies
- Please answer the following questions:
 1. What stage of change is the client at?
 2. Choose a process of change you could use when seeing this client and an example of an intervention

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Case Study #1

Charlie was referred to you by his physician. His wife feels he is drinking too much but he sees no reason at this time to quit.

Charlie admits to drinking with friends over the weekend which his wife says starts Friday night.

Also he has two beers after work during the week, but feels this helps him relax.

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Case Study #2

Sarah knows exercise is good for her. She has done it in the past but finds it hard to make it routine. She feels a gym membership is not going to work since she always joins but stops using the membership by 4 months.

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Case Study #3

John admits to not being a good cook. He knows cooking meals instead of ordering in for himself would be healthier. He has tried a few recipes for a few supper meals with both positive and negative results. He feels if he had better skills it would make cooking more enjoyable.

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Case Study #4

Omar has been able to set up a walking routine over the summer and fall. He walks 4 days a week for 30 minutes through his neighbourhood.

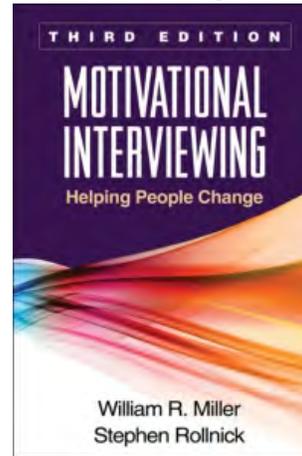
Prior to seeing you, he was only able to walk two days due to rain and other commitments.

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Motivational Interviewing is

- *“a collaborative conversation style for strengthening a person’s own motivation and commitment to change”*
- *“a person-centered counseling style for addressing the common problem of ambivalence about change”*



Miller, W.R. and Rollnick, S (2013) Motivational Interviewing: Helping People Change 3rd Ed.

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Evidence

- More than 1200 publications on Motivational Interviewing
- 200 randomized clinical trials
- Most studies still in addiction but spreading
- Usually see benefit of MI when compared with no intervention
- Two components that are important for change to occur: empathic counseling style and the skill to elicit and reinforce a person’s own arguments for change and commitment to it

Miller, W.R. and Rollnick S. (2013) Motivational Interviewing: Helping People Change 3rd Ed.

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Spirit of MI



Miller, W.R. and Rollnick, S. (2013) Motivational
Interviewing: Helping People Change 3rd Ed.

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Breakout Exercise # 4

- In your groups, you will be responsible for 1 component of Spirit of MI
- As a group please answer the following questions on the breakout exercise 4 handout
- Pick 1 member to review with the larger group

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3 Types of Communication

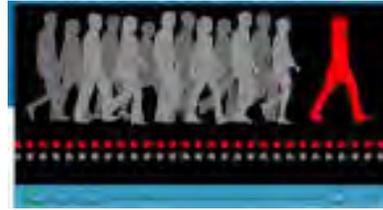
Directing



Guiding



Following



Miller, W.R. and Rollnick, S. (2013) Motivational Interviewing: Helping People Change 3rd. Ed.

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O.A.R.S.

- **O**pen Ended Questions
- **A**ffirmations
- **R**eflective Listening
- **S**ummaries



Miller, W.R. and Rollnick, S. (2013) Motivational Interviewing : Helping People Change. 3rd Ed.

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Asking Open Ended Questions

- Get the person's story
- Helps you understand where the person is coming from (their meaning)
- Strengthening a collaborative relationship and finding a clear direction
- Use how and what questions

Miller, W.R. and Rollnick, S. (2013) Motivational Interviewing; Helping People Change. 3rd Ed.

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Your Open Ended Question Examples:

What is your go to?



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Breakout Exercise # 5

Please take a moment in pairs to come up with two of your go to closed ended questions. Now change them to 2 open ended questions.

Example:

- Anything else?

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Affirmation

- Relies on person's own personal strengths efforts and resources
- The client elicits change
- Promotes optimism
- Starts with "You"
- Remember making people feel terrible does not make them change

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Meet Tom

- Working 40-60 hours a week.
- Recently told he needed to start BP medication since his BP was 155/97. He knows he should get his weight down.
- He has 2 kids and a wife who works from home.
- Weekends are important to him since it is considered family time with movie nights and taking the kids to hockey and soccer.
- He finds it hard to find time to put himself first when it comes to getting healthier.

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Meet Lola:

- A high school teacher
 - Single mom with 2 girls
 - Eats out 3 nights a week, cooks 4 nights a week
 - Gets her kids to their dance classes
- “I am so tired! I find it hard to think about exercise.”



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Breakout Exercise # 6

Think of 1 of your clients

- What are some of the challenges your client faces?
- What personal resources do they bring to the table and to your interaction?
- List 2-4 examples of your client's strengths
- Come up with one affirmation

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Affirmations Examples

- You are determined
- You value your health
- You worked hard



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Self-Directed Session

- MI Skills pre-recorded lecture
- Readings
 - Motivational Analysis Quiz explanation



Lifestyle & Wellness Health Coaching Certificate Module 2 Day 1

Leigh Caplan RN BSc MA CDE
Sunnybrook Academic Family Health Team

1



2



Motivational Interviewing: Enhancing Your Skills to Help Your Clients

3



Overview

- Review Self Directed Learning
- Deeper dive into the O.A.R.S.
- Practice, Practice, Practice!

4



O.A.R.S.

- Open Ended Questions
- Affirmations
- Reflective Listening
- Summaries



Miller, W.R. and Rollnick, S. (2013) Motivational
Interviewing : Helping People Change. 3rd Ed.

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Reflective Listening

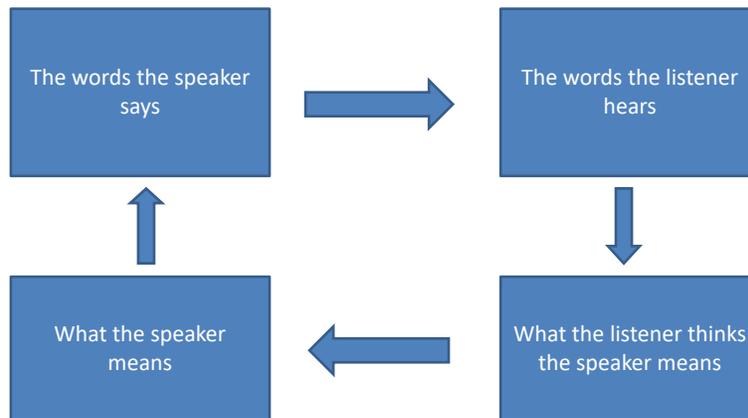
- Fundamental skill of MI
- Involves listening to and understanding the meaning of what the person is saying
- It is a statement not a question
- Restate what you heard (paraphrasing)
- The speaker is then able to confirm or correct

Miller W.R. and Rollnick, S. (2013) Motivational
Interviewing: Helping People Change. 3rd Ed.

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Dr. Thomas Gordon Communication Model



Miller, W.R., Rollnick, S. (2013) Motivational Interviewing
Helping People Change 3rd Ed.

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Reflective Listening Stems...

- It sounds like.....
- Tell me more about ...
- So you are saying
- It seems as if...
- You are...



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Types of Reflections:

Simple Reflection:

Expresses understanding but tends not to expand on what the client said

Complex Reflection:

Expresses deeper meaning of what the client said

Miller W.R. and Rollnick, S. (2013) Motivational Interviewing: Helping People Change. 3rd Ed.

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Complex (Deepening) Reflections:

- Amplified Reflection – turns up the volume on what the client has said
- Double Sided – highlights the ambivalence
- Metaphor – understands the issues in a new way
- Feeling – finds the emotion in what is being said

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Breakout Exercise # 1

Read the statement and come up with a **simple** and a **complex** reflection.

- “I find it hard to fit exercise in my day.”
- “I want to be healthy for my husband and son but my job is so demanding. I don’t have time to make any real changes in my life.”
- “I try to get eight hours of sleep at night but some nights my mind starts racing at 3 am and I cannot get back to sleep.”

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Debrief:



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Summaries

- Pulls together the most important information
- Can be affirming
- Highlight important aspects
- Hard to summarize everything
- This can be very powerful vs using a simple reflection
- Can be helpful in redirecting conversation

Miller W.R. and Rollnick, S. (2013) Motivational
Interviewing: Helping People Change. 3rd Ed.

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Summaries Examples:

- Let me see if I understand you so far....
- Here is what I heard....
- So if I understand you correctly...

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“My work life is stressful. I would say I hate my job. I feel I can never get things done right! Everyone is always on my case.”

15



“I want to get healthier but I love my desserts after supper. I can't stop eating when desserts are in the house. I know this is not good for me”

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Non Verbal Communication

- Eye contact
- Facial expressions
- General body language – open posture, leaning forward
- Space
- Non-judgemental



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Breakout Exercise 2: Practicing the O.A.R.S.

- In groups of 3: please take on 1 of the 3 different roles: **interviewer, interviewee and observer**
- **Interviewee:** Think of a time when you had to make a really difficult decision
- **Interviewer:** using the O.A.R.S. please ask the interviewee “Tell me about a really difficult decision that you’ve had to make”
- **Observer:** Observe the interaction between the interviewer and the interviewee. Make notes of what you observed using the rating form

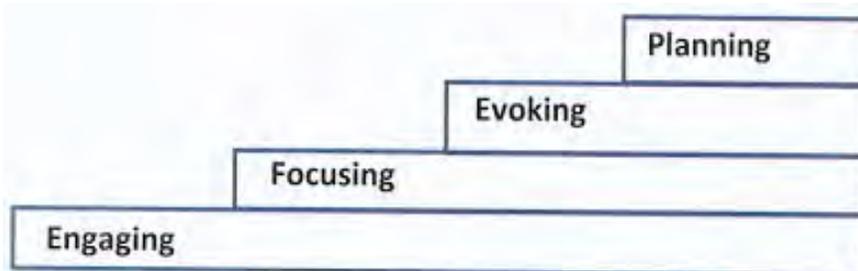
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Debrief:



Four Processes of Motivational Interviewing



Miller, W.R. and Rollnick, S. (2013) Motivational Interviewing: Helping People Change 3rd Ed.



Engagement – “Hi” process

Building rapport will lead to:

- Trust and a mutually respectful working relationship
- Agreement on goals
- Collaboration on mutually negotiated tasks to achieve goals

Miller, W. R. and Rollnick, S. (2013)
Motivational Interviewing: Helping People
Change 3rd Ed.

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What engagement can do for your clients?

Client can feel:

- Heard
- Respected
- Understood
- Valued
- Trust

Miller, W.R. and Rollnick, S. (2013) Motivational Interviewing:
Helping People Change 3rd Ed.

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Disengagement Traps

- Assessment – yes/no questions
- Expert – I will tell you what to do (**Righting Reflex**)
- Premature focus – before common goals identified
- Jumping to planning before clients are ready
- Labeling – defining people by their problems
- Blaming – you're last
- Chat trap – easy

Miller, W.R. and Rollnick, S. (2013) Motivational
Interviewing: Helping People Change 3rd Ed.

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Focusing – the “What” process

- Finding direction comes about through a purposeful conversation
- Ongoing process of seeking and maintaining direction
- An agenda to promote change that is client driven and client centred
- Could happen in the first minute or not for weeks

Miller, W.R. and Rollnick, S. (2013) Motivational
Interviewing: Helping People Change 3rd Ed.

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Evoking – the “Why” process

- Evoke & reinforce their Intrinsic motivation for change
- Evoking can only happen if the person has a clear change goal
- Drawing out **Change Talk** (**DARN** and **CAT** statements)
- Decreasing **Sustain Talk**

Miller, W.R. and Rollnick, S. (2013) Motivational Interviewing: Helping People Change 3rd Ed.

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Planning – the “How” process

- Need significant engagement and clear shared change goal(s) and sufficient client motivation
- Develop a commitment to change
- Strengthening **Change Talk**
- Action plan is developed
- SMART goal framework

Miller, W.R. and Rollnick, S. (2013) Motivational Interviewing: Helping People Change 3rd Ed.

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Ambivalence

- Part of the change process
- Involves conflicting thoughts, feelings, and behaviours
- Sticky/ uncomfortable place
- Self talk – pros/cons of change
- One step closer to changing

Miller, W.R. and Rollnick, S. (2013) Motivational Interviewing : Helping People Change. 3rd Ed.



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Our role in **resistance** to change

Taking on the expert role

Telling vs listening

Labeling, shaming , blaming

Our agenda

If we argue for change

When you hear resistance *Roll with it vs confronting it*

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Expressing Empathy

Important to MI approach and helps the clients know

- That we see, feel and hear what they are saying
- That we understand them
- That we accept where they are at with behaviour change

Client will share more and can be more willing to explore their ambivalence

Miller, W.R. and Rollnick, S. (2013) Motivational Interviewing: Helping People Change 3rd Ed.

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MI Tools

- Spirit of MI
 - Acceptance
- Complex reflections
 - Emotions/feeling
- Affirmations
 - Calls attention to person's strengths
- Asking permission
 - Client's agenda

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Principles of MI

- R** – Resist the Righting Reflex
- U** – Understanding your Client’s motivation
- L** – Listen to Your client
- E** – Empower Your Client

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Breakout Exercise 3

- In groups of 3 assume 1 of 3 different roles: **interviewee**, **interviewer** and **observer**
- **Interviewee** – Think about a client who you continue to work with who is ambivalent about making behaviour change
- **Interviewer** – using the Spirit of MI and OARS explore with the interviewee about their client and what makes them invest in this relationship
- **Observer** – Observe the interaction and make notes using the observation form

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Debrief:



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Self Directed Learning:

- Watch videos and answer questions
- Read Article The 4 Processes of MI and jot down any reflections
- Practice using the O.A.R.S.
 - Reflect on your practice and be prepared to discuss
 - Complete exercise responding to statements said by clients

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Lifestyle & Wellness Health Coaching Certificate Program Module 2 Day 2

Leigh Caplan RN BSc, MA, CDE

1



2



Motivational Interviewing: Enhancing Your Skills to Help Your Clients

3



Overview

Motivational Interviewing:

- Review self directed learning
- Identify ambivalence and develop strategies for responding to it

Emotional Health

- Explore how stress affects the body
- Explore strategies for wellbeing and building resilience

4



Self Directed Learning Review

Practice using the Spirit of MI and OARS

1. Describe the setting of the interaction and some details of what brought the person to have this conversation with you. Please respect confidentiality of your client.
2. Which skills did you use?
3. What were you hoping to accomplish?
4. What went well in your interaction? (Think about how you felt with the interaction and how did your client react.)
5. If you have another chance to meet this person what may you do differently?

5



Self Directed Learning Review

- 4 Principles of MI
 - Expressing Empathy
 - Supporting Self Efficacy
 - Developing Discrepancy
 - Rolling With Resistance
- Motivational Interviewing - good example

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Self Directed Learning

4 Processes of MI Article

Engaging: How comfortable is this person talking to me? How supportive am I being?

Focusing: What goals does this person have? Do I have different aspirations? Are we working together with a common purpose?

Evoking: What are their reasons for change? Is ambivalence about confidence or importance? What change talk am I hearing?

Planning: Who's plan is this? Am I arguing for change (righting reflex)?

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Ambivalence

- **Discord**
 - Disagreement with “you”
- **Sustain Talk**
 - Related to the target behaviour
 - One side of ambivalence – the argument to stay the same and not change
- **Change Talk**
 - Client's own reason for change

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Evoking: Change Talk

Preparatory Change Talk:

Desire – I want to change

Ability – I can change; I am able to change

Reason – I have to change (specific reason)

Need – I need to change; I must change (no specific reason)

Mobilizing Change Talk:

Commitment – I intend to change; I will change

Activation – I am ready to change

Taking Steps – Recent specific action toward change

Miller, W.R. and Rollnick, S. (2013) Motivational Interviewing:
Helping People Change 3rd Ed.

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Strategies to Evoke Change Talk

1. Ask evocative questions
2. Use change rulers/scales
3. Query extremes always/never
4. Look back/ forward
5. Explores goals and values

Rosengren, D.B.(2018) Building Interviewing Skills. 2nd Ed.

10



Decision Balance

Your Options	Advantages/Pros	Disadvantages/Cons
Stay the same	Benefits <i>What are the good things about...?</i>	Concerns <i>What are the not so good things about...?</i>
Change	Concerns <i>What are the not so good things about changing?</i>	Benefits <i>What are the good things about this change?</i>

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Breakout Exercise #1

- You will be in groups of two
- **Interviewee** think of something you are feeling ambivalent about changing (feel two ways about making a change)
- **Interviewer** using Decision Balance Worksheet
 - Ask the interviewee the questions starting with left upper square. Before moving to the next square always ask “what else”?
 - Then move to the right top corner
 - Then proceed to the left lower corner
 - And final, the right lower corner

The final question: What do you think you will do now?

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Debrief



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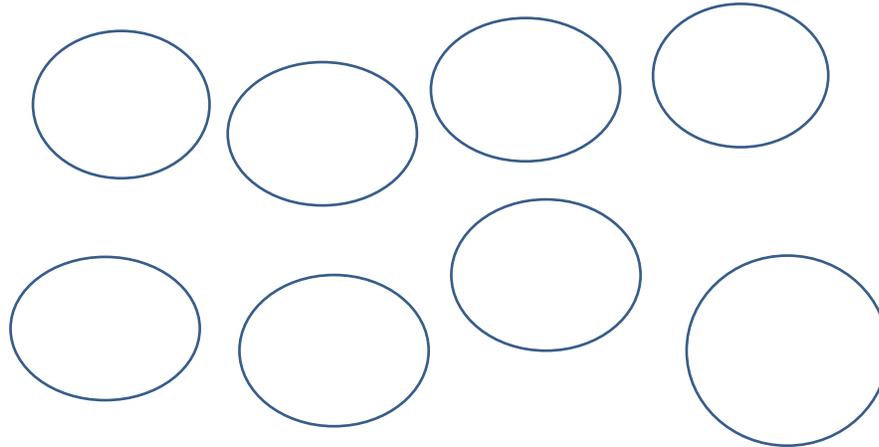
Expanding Your MI Toolbox



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Agenda Mapping



Miller, W.R. and Rollnick, S. (2013) Motivational Interviewing:
Helping People Change 3rd Ed.

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Agenda Mapping

When to use:

- Initial meeting when looking at broad goal(s)
- During “Focusing” process- what is the behaviour change on which to focus?
 - Make notes of ideas that come up in conversation
 - Ask client to add to the options as possibilities
- When Summarizing where the conversation is at and confirming where to go from here
- When checking where the client is most motivated to make change

Miller, W.R. and Rollnick, S. (2013) Motivational
Interviewing: Helping People Change 3rd Ed.

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Agenda Mapping

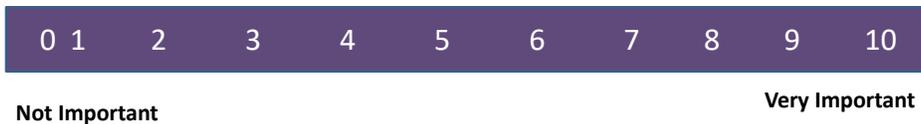
How to use:

- Interviewer can use the tool to keep track of options raised by client
- Avoid the temptation to add YOUR ideas; guide the client to identify their own
- Ask the client to add the “circles” of options before jumping to an action plan or next steps

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Importance Ruler



On a scale of 0 to 10 were 0 is not important and 10 is very important, where are you in your importance of making this change?

What has you at 5 ?

What makes you 5 and not 2?

What would it take to bring you from 5 to 8?

Miller, W.R., Rollnick, S. (2013) Motivational Interviewing: Helping People Change 3rd Ed.

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Confidence Ruler



Not Confident

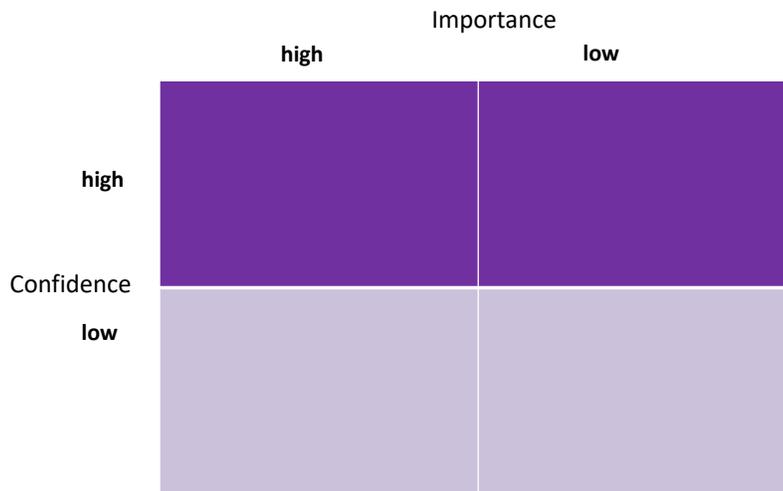
Very Confident

On a scale of 0 to 10 were 0 is not confident and 10 is very confident, how confident are you in making this change?

What has you at 5?

What would it take to bring you from a 5 to a 8?

Miller, W.R., Rollnick, S. (2013) Motivational Interviewing: Helping People Change 3rd Ed.



Miller, W.R., Rollnick, S. (2013) Motivational interviewing 3rd Ed.



Readiness Ruler

1 2 3 4 5 6 7 8 9 10

Not ready to
change

Ready to change

On a scale of 1 to 10 , how ready are you to make a change?

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Signs of Readiness for Planning

1. Increase change talk
2. Decrease sustain talk
3. Taking steps (experimentation; preparation/action phase)
4. Resolve may seem more peaceful, calm and/or a tone of loss, tearfulness, resignation
5. Questions about change – requests more information
6. Envisioning, begins to talk about how life will be different

Rosenberg, D.B. (2018) Building Motivational Interviewing Skills. 2nd Ed.

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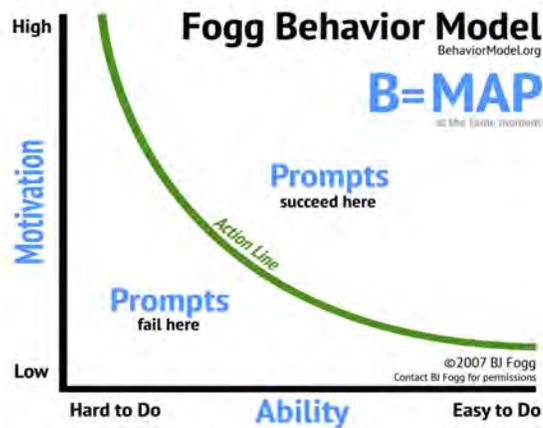
Example of a SMART GOAL:

"I will walk 3 times this week for 20 minutes on Monday, Tuesday and Friday."

*I will start this on Friday.
My confidence is a 8.*



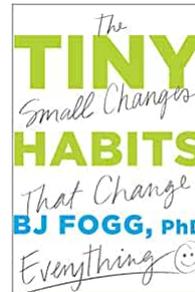
Fogg Behaviour Model





Anatomy of Tiny Habits

1. Anchor the moment
2. New Tiny behavior
3. Instant Celebration



Fogg, J.B. (2020) Tiny Habits: The Small Changes that Change Everything

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Fogg Behaviour Model Recipe

After I.... _____

I will.... _____

Celebrate.... _____

Fogg, J.B. (2020) Tiny Habits: The Small Changes that Change Everything

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Motivational Interviewing

- Most behaviour change involve ambivalence
- MI offers a very useful framework for exploring ambivalence and influencing change
- Motivational Interviewing involves being intentional with the implementation of strategies
- Change Talk is predictive of behaviour change
- Change Talk needs to be heard , explored with an intentional strategy to be able to mobilize change
- Practice, Practice, Practice!

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Wellness and Strategies To Build Resilience



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Four Cornerstones to Health Coaching

- People are naturally creative, resourceful and whole
- Focus on the whole person
- Dance in this moment
- Evoke Transformation

Kimsey-House, H. et al. (2018) Co-Active Coaching: The Proven Framework for Transformative Conversations at Work and in Life. 4th Ed.

29



What makes people unwell?

30



Affects of Stress:

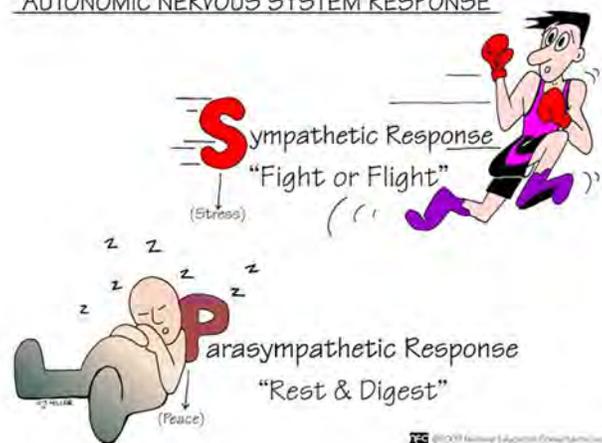
- Risk for poor clinical outcomes across a variety of major health conditions
- Accelerated biological aging and premature mortality
- Upregulate component of the immune system involved in inflammation

Slavich, G.M. (2016). Life Stress and Health: A Review of Conceptual Issues And Recent Findings.

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"AUTONOMIC NERVOUS SYSTEM RESPONSE"



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Sympathetic Response

- Racing heart and breathing
- Nausea
- Muscle tension
- Pupils dilate
- Liver releases glucose
- Bladder relaxes



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Parasympathetic Response

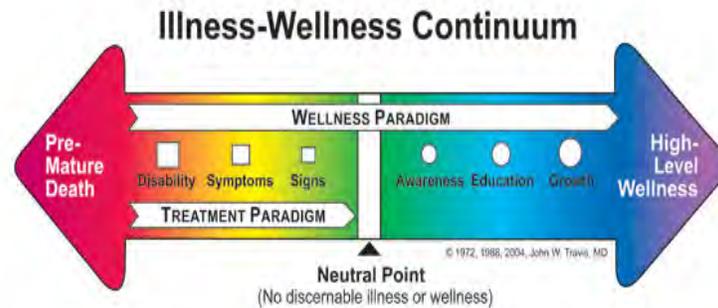
- Heart rate decreases
- Liver produces bile
- Lung bronchioles constrict
- Pupils constrict
- Digestive system is stimulated
- Bladder contracts



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What is Wellness?



wellpeople.com

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Wellness involves:

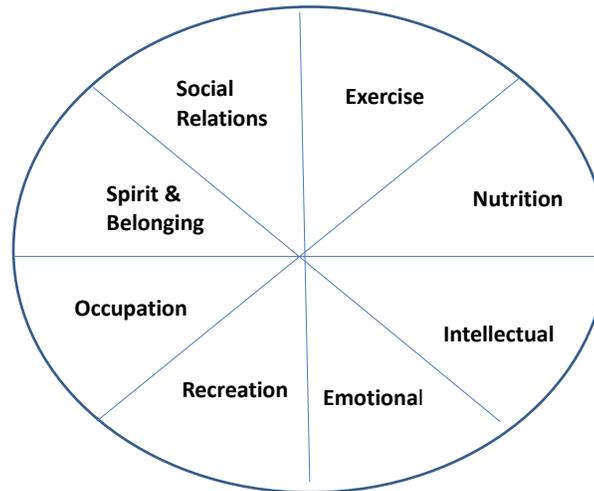
- Giving good care to your physical self
- Using your mind constructively
- Expressing your emotions effectively
- Being creatively involved with those around you
- And being concerned about your physical, psychological and spiritual environments

Travis, J.W., Ryan, R.S. (2004) *The Wellness Workbook: How to achieve enduring Health and Vitality*

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Wellness Wheel



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Breakout Exercise # 2

- Please take a moment to fill out your own wellness wheel
- Please rate your level of satisfaction with each area on a 1-10 basis
 - 1 being the lowest level of satisfaction and occupying the place closest to the centre
 - 10 being the highest satisfaction level, located on the outer ring
 - Then draw a curved line connecting all the marks to create a new inner circle , revealing how you are functioning on the whole

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Debrief



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Positive Psychology

“Positive psychology is the scientific study of what makes life most worth living” (Peterson, 2008)



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Taxonomy of Subjective Well-being:

Affective well-being

- Feelings, of joy and pleasure

Eudaimonic well-being

- Sense of meaning and purpose in life

Evaluative well-being

- Quality and goodness of ones' life

Step toe, A. (2019) Happiness and Health. Annual Review of Public Health



How the Brain Works

Focus mode

- Forget your stressors
- Fully attentive to the world
- Interesting, meaningful and external

Default mode

- Usually spend 50 % of the time
- Most thoughts in this mode are neutral or negative
- It connects your past present and future and we all need a health default activity

Sood, A. (2015) The Mayo Clinic Handbook For Happiness: A 4 Step Plan For Resilient Living



Strategies for Health & Happiness

				
TALK & LISTEN, BE THERE, FEEL CONNECTED	DO WHAT YOU CAN, ENJOY WHAT YOU DO, MOVE YOUR MOOD	REMEMBER THE SIMPLE THINGS THAT GIVE YOU JOY	EMBRACE NEW EXPERIENCES, SEE OPPORTUNITIES, SURPRISE YOURSELF	Your time, your words, your presence

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Mindfulness Mind Full, or Mindful?



Bolier, L. et al (2013) Positive Psychology Interventions A Meta-Analysis of Randomized Control Studies. BMC Public Health 13:119.

44



Exercise



- Exercise is the most studied behaviour
- Positive association between different indices of well-being and light & moderate /vigorous physical Activity (Black, S.V. et al (2015) Physical Activity and Mental /well[being] in a cohort aged 60-64 years. Am. J. Prev. Med. 49:172-890)
- Positive association between mental health and leisure time (White, R.L. et al (2017) Domain-Specific Physical Activity and Mental Health: A Meta-Analysis, Am. J. Prev. Med. 52:653-66)

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Random Acts of Kindness

- Spending money on others was found to lead to greater happiness (Aknin, L.B. et al (2020))
- Volunteers have been shown to have greater self esteem and satisfaction with their lives
- Improvement in heart health by spending money on others (Whillans, A.V. et al (2016))



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Unplugging

- Most productive people need to fully engage but also fully disengage
- Disengaging has been related to better psychological well being (Kvillemo, P., Branstrom, R. (2014))

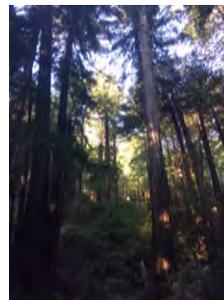


Pasricha, N (2016) The Happiness Equation: Want Nothing + Do Anything = Have Everything.



Meditation

- Techniques that encourage a heightened state of awareness
- Brief intervention have shown impact on health related outcomes



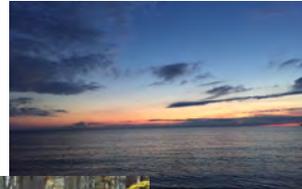
Howarth, A. et al (2019) Effects of Brief Mindfulness- Based Interventions on Health –Related Outcomes: a Systematic Review



Gratitude

- Increases appreciation in our lives for
 - People
 - Positive qualities
 - Situation
- Meta analysis showed moderate effects related to depression and anxiety

Today I am grateful for...



Cregg, D.R., Cheavens, J.S. (2020) Journal of Happiness Studies

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Savouring the Moment

- Involved thinking of the past, present and future
 - Helps people to extend positive experiences
- Build resilience and predicted happiness, lower depression and greater satisfaction with life (Smith, J.L, Hollinger-Smith, L. (2014) Savoring, Resilience and Psychological Well-being in Older Adults)



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Social Connecting

Helps:

- Basic need for security
- Avoidance of isolation/loneliness



Happiness/wellbeing increases
with social connection



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Practice The Strategies



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Resilience is

- The ability to maintain or regain mental health despite experiencing adversity.
- Examples of stressors
 - family, relationship problems, serious health problems, workplace or financial problems

Can. J. Psychiatry (2011) What is Resilience? 56(5): 258-65

53



Self Directed Learning:

- Please try to use the OARS - 1-2 skills and fill in the reflection form
- Watch the YouTube video : J.B. Fogg
 - “Forget big changes, start with a tiny habit”
 - Then encourage yourself to try to set a tiny habit and be prepared to discuss next time we meet

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